

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E AUG 15 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6982</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>ROBERT J GUINN</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>55 DESTIN CT.</u> City <u>ST. CHARLES</u> State <u>MO</u> ZIP Code + 4 <u>63303</u>	4. Name, file number, and address of labor organization. Name <u>BRICKLAYER'S LOCAL #1 OF MO</u> Labor Organization File Number <u>020915</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>2000 MARKET ST.</u> City <u>ST. LOUIS</u> State <u>MO</u> ZIP Code + 4 <u>63103</u> <u>2281</u>
5. Position in labor organization. <u>BUSINESS REP AND TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name MASON CONTRACTOR ASSOC.

Trade Name, if any: M.C.A.

P.O. Box, Bldg., Room No., if any

Street 1429 S. BIG BEND BLVD STE. A

City ST. LOUIS

State MO ZIP Code + 4 63117 2203

7.a. Nature of Interest, Transaction, or Income.

INSTALLATION OF MCA OFFICER'S
DINNER DANCE
COMPLIMENTARY TICKETS
JAN. 24, 2004

7.b. Amount.

75.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert J Guinn

On

8-9-05

Date

636 928 0172

Telephone Number

Name of Person Filing

ROBERT J. GUINN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

GOLF + LUNCH 8/13/04 72.85

13.b. Is the Business an Employer

☒

or Consultant

☐

?

14.b. Amount of payment.

72.85

Name of Person Filing

ROBERT J. GUINN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

GOLF + LUNCH 8/25/04 84.38

13.b. Is the Business an Employer

☒

or Consultant

☐

?

14.b. Amount of payment.

84.38

Name of Person Filing <u>ROBERT J. GUINN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 100%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 100%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/></p> <p>Street <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 100%;" type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>COMMERCE BANK</u></p> <p>Trade Name, if any: <input style="width: 100%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 100%;" type="text"/></p> <p>Street <u>8000 FORSYTH</u></p> <p>City <u>CLAYTON</u></p> <p>State <u>MO</u> ZIP Code + 4 <u>63105</u> <u>3751</u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px;"> <p><u>4/28/04 CARDINAL BALLGAME</u> <u>108.50</u></p> <p><u>7/9/04 GOLF + LUNCH</u> <u>101.00</u></p> <p><u>11/24/04 CHARITY BOXING</u> <u>93.56</u></p> <p><u>BACKSTOP POLICE + FIRE</u></p> </div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>303.06</u></p>

Name of Person Filing

ROBERT J. GUINN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

GOLF + LUNCH 10/8/04 59.00

13.b. Is the Business an Employer

☒

or Consultant

☐

?

14.b. Amount of payment.

\$59.00

Name of Person Filing

ROBERT J. GUINN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WELFARE FUND BRICKLAYER'S
LOCAL #1 OF MO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2000 MARKET ST.

City ST. LOUIS

State MO ZIP Code + 4 63103

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name WELFARE FUND BRICKLAYER'S
LOCAL #1 OF MO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2000 MARKET ST.

City ST. LOUIS

State MO ZIP Code + 4 63103

11.a. Nature of such dealing.

ANNUAL DECEMBER BALUNCH
AND MEETING 12/17/04

11.b. Approximate dollar value of such dealing.

54.48

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.